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Last revised 8/1/15

UNITED STATES BANKRUPTCY COURT District of New Jersey

IN RE:	George B. Villanueva		Case No.:	
			Judge:	John K. Sherwood
		Debtor(s)	Chapter:	13
		CHAPTER 13 PLA	AN AND MOTION	S
✓ Original Motions	Included	✓ Modified/Notice F ☐ Modified/No Notice	•	Discharge Sought No Discharge Sought
Date:1/	18/16			
		E DEBTOR HAS FILE	_	

YOUR RIGHTS WILL BE AFFECTED.

You should have received from the court a separate *Notice of the Hearing on Confirmation of Plan*, which contains the date of the confirmation hearing on the Plan proposed by the Debtor. This document is the actual Plan proposed by the Debtor to adjust debts. You should read these papers carefully and discuss them with your attorney. Anyone who wishes to oppose any provision of this Plan or any motion included in it must file a written objection within the time frame stated in the Notice. **This Plan may be confirmed and become binding, and included motions may be granted without further notice or hearing, unless written objection is filed before the deadline stated in the Notice.**

YOU SHOULD FILE A PROOF OF CLAIM BY THE DEADLINE STATED IN THE NOTICE TO RECEIVE DISTRIBUTIONS UNDER ANY PLAN THAT MAY BE CONFIRMED, EVEN IF THE PLAN REFERS TO YOUR CLAIM

Part 1: Payment and Length of Plan
a. The Debtor shall pay <u>5,131.00 Monthly</u> to the Chapter 13 Trustee, starting on <u>1/1/2016</u> for approximately <u>60</u> months.
 b. The Debtor shall make plan payments to the Trustee from the following sources: ✓ Future Earnings ☐ Other sources of funding (describe source, amount and date when funds are available):

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C.	Use of real	property to satisfy plan obligations also of real property Description: Proposed date for completion:	ons: 	
		Refinance of real property Description: Proposed date for completion:		
	✓	Loan modification with respect Description:Both properties will a Proposed date for completion:	pply for Loan Modification thro	
d.	✓	The regular monthly mortgage loan modification.	payment will continue pend	ling the sale, refinance or
e.		Other information that may be	important relating to the pa	yment and length of plan:
Part 2: A	dequate Pr	otection		
a.	Adequate p	orotection payments will be mad d pre-confirmation to (cred		be paid to the Chapter 13
		protection payments will be made Plan, pre-confirmation to		be paid directly by the
Part 3: Pi	riority Claiı	ns (Including Administrative	Expenses)	
All	allowed pri	ority claims will be paid in full ur	nless the creditor agrees otl	nerwise:
Creditor NONE-		Type of Pr	iority	Amount to be Paid
	cured Clai	ms		

a. Curing Default and Maintaining Payments

The Debtor shall pay to the Trustee (as part of the Plan) allowed claims for arrearages on monthly obligations and the Debtor shall pay directly to the creditor (outside the Plan) monthly obligations due after the bankruptcy filing as follows:

			Interest	Amount to be Paid	Regular Monthly
			Rate on	to Creditor (In	Payment (Outside
<u>Creditor</u>	Collateral or Type of Debt	<u>Arrearage</u>	Arrearage	Plan)	Plan)
Wells Fargo Bank	1st Mtg. NJ Property	189153.00		189153.00	4430.00
Wells Fargo Bank	2nd Mtg NJ Property	18166.00		18166.00	511.00
Wells Fargo Bank	1st Mtg MD Property	48304.00		48304.00	1115.00
Wells Fargo Bank	2nd Mtg. MD Property	20929.00		20929.00	324.00

b. Modification

1.) The Debtor values collateral as indicated below. If the claim may be modified under Section 1322(b)(2), the secured creditor shall be paid the amount listed as the "Value of the Creditor Interest in Collateral," plus interest as stated. The portion of any allowed claim that exceeds that value shall be treated

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as an unsecured claim. If a secured claim is identified as having "NO VALUE" it shall be treated as an unsecured claim.

NOTE: A modification under this section ALSO REQUIRES the appropriate motion to be filed under Section 7 of the Plan.

Creditor Collateral	Scheduled Debt	Total Collateral Value	Superior	Value of Creditor Interest in Collateral	Interest	Total Amount to Be Paid
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2.) Where the Debtor retains collateral and completes the Plan, payment of the full amount of the allowed secured claim shall discharge the corresponding lien.

c. Surrender

Upon confirmation, the stay is terminated as to surrendered collateral. The Debtor surrenders the following collateral:

Creditor	Collateral to be Surrendered	Value of Surrendered Collateral	Remaining Unsecured Debt
-NONE-			

d. Secured Claims Unaffected by the Plan

The following secured claims are unaffected by the Plan:

Creditor -NONE-

e. Secured Claims to be paid in full through the Plan

Creditor	Collateral	Total Amount to be Paid through the Plan
Wells Fargo Bank Nv Na	20503 Chestnut Ridge Leonardtown, MD	48304.00
	20650 Saint Marys County	
Wells Fargo Bank Nv Na	101 Hill Street Midland Park, NJ 07432	189153.00
	Bergen County	
Wells Fargo Bank Nv Na	101 Hill Street Midland Park, NJ 07432	18166.00
	Bergen County	
Wells Fargo Bank Nv Na	20503 Chestnut Ridge Leonardtown, MD	20929.00
	20650 Saint Marys County	

Unsecured Cl	aims		
			d:
Not less	than _ percent		
	Pro Rata distribution from any remaining	funds	
b. Separately	Classified Unsecured Claims shall be t	reated as follows:	
	Basis for Separate Classification	Treatment	Amount to be Paid
	a. Not separate Not less B. Separately (Not less than \$ to be distributed pro Not less than _ percent Pro Rata distribution from any remaining b. Separately Classified Unsecured Claims shall be t	 a. Not separately classified Allowed non-priority unsecured claims shall be paid Not less than \$ to be distributed pro rata Not less than _ percent Pro Rata distribution from any remaining funds b. Separately Classified Unsecured Claims shall be treated as follows:

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Part 6: Ex	ecutory Contrac	cts and Unex	pired Leases					
All e	executory contrac	cts and unexp	ired leases are	reiected.	except	the followi	ng, which ar	e assumed:
		oro curo. curos qu			on opt			
Creditor		Nature of	Contract or Lease)	Treatme	ent by Debtor		
-NONE-								
Part 7: Mo	otions							
with local D.N.J. LBF	plans containin form, Notice of R 3015-1. A Certi I notice are serv	Chapter 13 Pification of Se	lan Transmitt	al, within	the tim	ne and in t	he manner	set forth in
	Motion to Avoid Debtor moves to			•	•	ons:		
Creditor	Nature of Collateral	Type of Lien	Amount of Lien	Value Collate	of	Amount of Claimed Exemption	Sum of All Other Liens Against the Property	
-NONE-								
The consistent	Motion to Avoid Debtor moves to with Part 4 above	o reclassify the	e following clai			and to voi	d liens on co	ollateral
Creditor -NONE-		Collat	teral			Ar	nount of Lien to	be Reclassified
Partially U	Motion to Partia nsecured. Debtor moves to son collateral co	o reclassify the	e following clai	-			-	
Creditor -NONE-		Collateral			Amou	unt to be Dee Sec	med ured	Amount to be Reclassified as Unsecured
-INUINE-								
a. ` b. '	her Plan Provisi Vesting of Prope Upon Confirm Upon Discha Payment Notice	erty of the Es nation rge s						
	ditors and Lesso the Debtor notwi				continue	to mail cu	stomary not	ices or

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c. Order of Distribution	
The Trustee shall pay allowed claims in 1) Trustee Commissions 2) Other Administrative Claims 3) Secured Claims 4) Lease Arrearages 5) Priority Claims General Unsecured Claims	the following order:
d. Post-petition claims	
The Trustee \checkmark is, \Box is not authorized to 1305(a) in the amount filed by the post-petition	p pay post-petition claims filed pursuant to 11 U.S.C. Section claimant.
Part 9: Modification	
	ed in this case, complete the information below.
Explain below why the Plan is being modified.	Explain below how the Plan is being modified
Are Schedules I and J being filed simultaneous	ly with this modified ✓ Yes No
Part 10: Sign Here	
The debtor(s) and the attorney for the debtor	ebtor (if any) must sign this Plan.
Date	/s/ Leonard R. Boyer Leonard R. Boyer 010241984 Attorney for the Debtor
I certify under penalty of perjury that the	e foregoing is true and correct.
Date: January 18, 2016	/s/ George B. Villanueva George B. Villanueva Debtor
Date:	Joint Debtor

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Fill in this inform	nation to identify your case:	
Debtor 1	George B. Villanueva	
Debtor 2 (Spouse, if filing)		
United States Ba	ankruptcy Court for the: DISTRICT OF NEW JERSEY	
Case number	15-32668	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106l	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment					
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filing spouse	
	If you have more than one job,	Employment status	■ Em	ployed	■ Employed	
	attach a separate page with information about additional	Employment status	□ No	t employed	☐ Not employed	
	employers.	Occupation	Self E	Employed	Nurse	
	Include part-time, seasonal, or self-employed work.	Employer's name	AVG Consulting, LLC.		The Execu-Search Group	
	Occupation may include student or homemaker, if it applies.	Employer's address	101 F Midla	lill St and Park, NJ 07432	675 Third Ave New York, NY 10017	
		How long employed the	nere?	2 1/2 Yrs.	1 1/2 yrs	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

			non-	filing spouse
2.	\$	15,000.00	\$	3,919.50
3.	+\$	0.00	+\$	0.00
4.	\$	15,000.00	\$_	3,919.50

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

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Debto	r 1	George B. Villanueva		Case	number (<i>if known</i>)	15-32668	
				For	Debtor 1	For Debtor	
(Сор	y line 4 here	4.	\$	15,000.00		,919.50
5. I	ict	all navrall daductions					
		all payroll deductions:		Φ.	0.00	Φ.	F40.04
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$_ \$	0.00	\$ \$	510.21 0.00
	ъь. 5с.	Voluntary contributions for retirement plans	5c.	\$ -	0.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$-	0.00	\$	0.00
	5e.	Insurance	5e.	\$_	0.00	\$	0.00
į	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
į	5g.	Union dues	5g.	\$	0.00	\$	0.00
į	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	510.21
7. (Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	15,000.00	\$3	,409.29
	L ist Ba.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					
		monthly net income.	8a.	\$	1,460.00	\$	0.00
8	Bb.	Interest and dividends	8b.	\$	0.00	\$	0.00
8	Вс.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	90	\$	0.00	\$	0.00
9	Bd.	Unemployment compensation	8c. 8d.	\$ _	0.00	\$	0.00 0.00
	за. Ве.	Social Security	8e.	\$_	0.00	\$	0.00
8	Bf.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	0.00
8	Bg.	Pension or retirement income	8g.	\$	0.00	\$	0.00
8	Вh.	Other monthly income. Specify:	_ 8h.+	\$_	0.00	+ \$	0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,460.00	\$	0.00
10.	Calc	ulate monthly income. Add line 7 + line 9.	10. \$	1	6,460.00 + \$	3,409.29	= \$ 19,869.29
,	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				-,	
 	Incluothe	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your refriends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not early:	depen		•	ted in <i>Schedu</i>	le J. +\$0.00
١		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certales					\$ 19,869.29 Combined
13. I	Do y	ou expect an increase or decrease within the year after you file this form	?				monthly income
		No.					
I		Yes. Explain:					

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E:II	in this informs	tion to identify yo						
FIII	in this informa	tion to identify yo						
Deb	tor 1	George B. Vil	lanueva				ck if this is:	
Deh	tor 2					_	An amended filing	ving poetpotition chapter
	ouse, if filing)						13 expenses as of	ving postpetition chapter the following date:
Linit	ad Statos Bankri	uptcy Court for the:	DISTRI	CT OF NEW JERSEY		-	MM / DD / YYYY	
			DISTRI	CT OF NEW JERSET			WIWI/ DD/ TTTT	
1	e number <u>15</u> nown)	5-32668						
(11 10	nowny							
Of	fficial Fo	rm 106J						
S	chedule	J: Your E	- Exper	ises				12/1
Be info	as complete a	and accurate as	possible. eded, atta	. If two married people and the community is the community and the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the community in the community in the community is the community in the communi				
Par		ibe Your Housel	hold					
1.	Is this a joir							
	■ No. Go to	o line 2. I s Debtor 2 live i i	n a conar	ate household?				
	□ res. Doe		ii a sepai	ate nousenoiu:				
			t file Offic	ial Form 106J-2, Expenses	s for Separate House	ehold of Deb	otor 2.	
2.		e dependents?	_	, ,	•			
۷.	•	•	☐ No	=	B I d I . d.		5	5 t t
	Do not list Do and Debtor 2		Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Daughter		15	Yes
								□ No
					Son		24	■ Yes
							00	□ No
					Son			■ Yes
					Wife		51	□ No ■ Yes
3.	Do your exp	enses include	_	No				■ res
	expenses of	f people other th	nan 🗆	Yes				
	yourself and	d your dependen	its?	100				
Par	t 2: Estim	ate Your Ongoin						
exp				uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	value of sucl ficial Form 10		I have inc	cluded it on Schedule I:	Your Income		Your expe	enses
(0.		, oi.,					·	
4.		or home ownershind any rent for the		ses for your residence. I or lot.	nclude first mortgage	e 4. \$		6,380.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		1,539.00
		rty, homeowner's	, or renter	's insurance		4b. \$		390.00
				upkeep expenses		4c. \$		300.00
_		owner's associati			mo oquity loons	4d. \$ 5. \$		0.00
5.	Auditional I	nongaye payme	ins for Ac	our residence, such as ho	me equity loans	ວ. 🕽	l .	0.00

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Deb	tor 1	George B. Villanueva	Case num	ber (if known)	15-32668
6.	Utilit	ies:			
	6a.	Electricity, heat, natural gas	6a.	\$	250.00
	6b.	Water, sewer, garbage collection	6b.	\$	150.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	240.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	d and housekeeping supplies	7.	\$	600.00
8.	Child	dcare and children's education costs	8.	\$	0.00
9.	Clot	ning, laundry, and dry cleaning	9.	\$	150.00
10.		onal care products and services	10.	\$	100.00
		ical and dental expenses	11.	\$	400.00
		sportation. Include gas, maintenance, bus or train fare.			
		ot include car payments.	12.	\$	500.00
13.	Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
14.	Char	itable contributions and religious donations	14.	\$	0.00
15.	Insu	rance.			
	Do n	ot include insurance deducted from your pay or included in lines 4 or 20.			
	15a.	Life insurance	15a.	\$	0.00
	15b.	Health insurance	15b.	\$	1,400.00
	15c.	Vehicle insurance	15c.	\$	255.00
	15d.	Other insurance. Specify:	15d.	\$	0.00
16.	Taxe	s. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Spec		16.	\$	0.00
17.		Illment or lease payments:			
		Car payments for Vehicle 1	17a.	\$	427.00
	17b.	Car payments for Vehicle 2	17b.	\$	293.00
		Other. Specify:	17c.	\$	0.00
		Other. Specify:	17d.		0.00
18.		payments of alimony, maintenance, and support that you did not report as		Ť	
		icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
19.		r payments you make to support others who do not live with you.		\$	0.00
	Spec		19.		
20.	Othe	r real property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Y	our Income.	
		Mortgages on other property	20a.		0.00
	20b.	Real estate taxes	20b.	\$	0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeowner's association or condominium dues	20e.		0.00
21		r: Specify: School Tuition	21.	•	1,150.00
۷.,	Othio	openiy. Octoor ruttori		Γ	1,130.00
22.	Calc	ulate your monthly expenses			
	22a.	Add lines 4 through 21.		\$	14,624.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	14,624.00
				·	,0200
23.		ulate your monthly net income.			
		Copy line 12 (your combined monthly income) from Schedule I.	23a.	*	19,869.29
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	14,624.00
	23c.	Subtract your monthly expenses from your monthly income.	00-	œ.	5 245 20
		The result is your monthly net income.	23c.	\$	5,245.29
24.	For ex	ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect your relication to the terms of your mortgage? O.			se or decrease because of a
	□ Y				
		LAPIGIT HOLO.			